



Report of a Children's Residential Centre

Name of provider:	The Child and Family Agency
Tusla Region:	South
Type of inspection:	Announced
Date of inspection:	18 and 19 March 2021
Centre ID:	OSV_4189
Fieldwork ID	MON_0032059

About the centre

The following information has been submitted by the centre and describes the service they provide.

The centre was based in a four bedroom detached house on the outskirts of a large city.

The aim of the centre as outlined in their statement of purpose and function was to provide residential care for up to four boys aged between 13 and 17 years of age. In some circumstances, based on the individual needs of a young person, placement beyond 18 years may be considered. The aim of the centre was to reduce risk in order that the young people could return to their communities. The centre worked in conjunction with a psychologist as part of the children's residential services in the South region.

The objective of the centre was to provide a high standard of care and interventions to enable the young people to address their life experiences, to develop alternative skills and coping strategies in order to live safely in their community.

The following information outlines some additional data of this centre.

Number of children on the date of inspection:	3
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings and information received since the last inspection.

As part of our inspection, where possible, we:

- speak with children and the people who visit them to find out their experience of the service
- talk to staff and management to find out how they plan, deliver and monitor the care and support services that are provided to children who live in the centre
- observe practice and daily life to see if it reflects what people tell us
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarize our inspection findings and to describe how well a service is doing, we group and report on the standards and related regulations under two dimensions:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support children receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all standards and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of inspection	Inspector	Role
18/03/2021	10:00hrs to 18:00hrs	Sharron Austin	Inspector
19/03/2021	9:00hrs to 18:00hrs	Sharron Austin	Inspector

What children told us and what inspectors observed

Young people felt cared for and supported, had built good trusting relationships with the staff team and their rights were promoted and respected. However, the model of care to be provided to the young people had not been fully implemented. Oversight of this model to ensure good outcomes for young people had slipped and staff interventions were described as reactive rather than tailored to meet the needs and risk levels of each individual young person. This potentially impacted on the quality of needs-based care to young people.

The inspection was undertaken remotely in response to COVID-19 restrictions. While this did not allow for direct observation of young people and staff in the centre, the inspector spoke directly with young people, staff, family members and external professionals, to capture their experience of the quality of the service being provided.

The majority of the young people living in the centre talked with the inspector. When asked what they liked about the centre, their comments about staff and aspects of their care were generally positive, and they felt their rights were respected. Some of their comments included:

- "staff are really helpful"
- "they treat me fairly"
- "no improvements needed".

The young people generally had good contact with their family, relatives and key professionals involved in their care, and they were facilitated and supported to see their family members whenever possible.

Each of the young people understood the reason for their placement. They spoke about the staff team, particularly, their keyworkers, and the importance of the conversations they would have with them. The young people knew about their rights and that they could express their views in their daily logs. However, the young people were not actively engaged in doing so.

Family members who spoke with the inspector said they were given appropriate information in relation to the centre. They knew who to contact if they had any queries or concerns, and had opportunities to express their views and opinions in meetings and discussions on the young people's care.

Family members and external professionals who spoke with the inspector had mixed views of the care provided by the residential centre. Some of their comments included:

- "couldn't manage without them [staff], I wouldn't know what to do without them [staff],"

- “placement is not right for him”
- “some inconsistency” regarding independent living skills
- “[staff member] is exceptional, goes out of her way to get things done”
- “anything I asked of staff, they supported and encouraged the young person”
- “young person was well looked after – they[staff] go the extra mile for him”
- “keyworker gets him and understands him”.

External professionals felt that centre staff endeavoured to provide safe and child-centred care, had established good relationships with the young people and were supportive in working with them to implement young people’s individual care plans. However, as the model of care had not been fully implemented in the centre, the emotional welfare of children needed more serious consideration.

They also had mixed views on communication and information sharing. While some external professionals felt that communication was “good and provided in a timely manner”, others gave examples of when this was not the case. They said for example that information about the young people “doesn’t filter down well”.

In summary, while the young people were being cared for by a staff team who endeavoured to meet their individual needs, the capacity of the centre to achieve this was impacted by a number of managerial systems and centre practices that required improvement, and young people’s experience of their placement would be enhanced through full implementation of the model of care in place.

The next two sections of the report present the findings of this inspection in relation to governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

There was an appropriate governance and management structure in place for the centre, which was strengthened and improved. However, the pace of progress required in the centre was slow, and a number of managerial systems continued to require improvement since the previous inspection in 2019.

There were positive changes to the governance and management of the centre, and the effect of these changes was beginning to emerge. An acting centre manager was in place since January 2021, and a new regional manager for the children’s residential services in the South region commenced in post in September 2020. The deputy and acting centre managers had extensive experience working in residential centres and

varying experiences in management roles. They were supported by four social care leaders. The acting centre manager reported to the deputy regional manager.

The new regional manager had extensive experience in areas such as organisational change and strategic planning, and the acting centre manager had a good knowledge of residential services. Together, it was evident that they had brought a new energy to the centre and staff members described them as a positive influence, particularly on the empowerment and inclusion of the staff team. These managers had identified areas of priority for the service and were beginning to address the inherited challenges within the centre so as to effect more positive change for both young people and staff.

A service improvement group (SIG) was established in October 2019 to provide clear direction and oversight of the implementation of actions identified for the development of the service. This was not as effective as it should have been for various reasons, and sustained improvements were not made as a result. There were however indications that some work had commenced. For example, systems to ensure adequate monitoring and oversight of practice were put in place following the last inspection, but they were not effectively or fully implemented. There were systems in place to track progress against actions for the centre and some were achieved. However, useful tools such as Tusla's national audit tool was not fully implemented. A planned workshop with managers across the service was due to take place in the coming weeks on a new refined version of the audit with full implementation by April 2021. The Tusla national quality assurance framework which focused on the provision of a well-led, safe and child-centred service had been completed by the centre manager in November 2019. Despite this, there was no clear quality improvement plan to ensure the areas identified were monitored or progressed. This was a missed opportunity. The lack of a systematic approach to auditing of practice did not support a culture of continuous improvement.

The centre's statement of purpose had been revised in March 2021 to reflect the appointment of the new acting centre manager. While it clearly described the aims, objectives and ethos of the service, the model of care to be provided to the young people had not been fully implemented. Staff and managers acknowledged that oversight of this model had slipped and staff interventions were described as reactive rather than tailored to meet the needs and risk levels of each individual young person. While an accessible format of the statement of purpose was available to young people, their families and social workers, this had not been reviewed to reflect the recent changes to the centre's statement of purpose.

Managers and staff who spoke with the inspector demonstrated a good understanding of the requirements of relevant legislation, regulations and standards appropriate to their individual roles. At the time of this inspection, a new suite of national policies and procedures were being rolled out across the service in three stages. There was a good plan in place to ensure full implementation of these policies and procedures by the end

of April 2021, which included staff training. Staff outlined the consultation process on the development of these policies and procedures and in the interim, were operating under some local policies and procedures for the delivery of the service.

At the time of inspection, managers were satisfied that they had a sufficient number of staff and a good mix of experience and skills across the staff team. However, there were 3.5 vacant posts, and these gaps were filled through the use of agency staff. While the current roster was planned and scheduled to have a sufficient number of staff on duty, sick leave had and continued to have a significant impact on staffing levels as well as the lack of available agency staff in the region on occasion. Furthermore, the acting centre manager had to work on a number shifts to ensure the centre was staffed appropriately. This was not sustainable. A recruitment campaign was underway.

The centre had not yet adopted Tusla's national approach to rostering its staff team, and as reported in previous inspection reports, existing practice did not ensure staffing resources were utilised efficiently or effectively. There were no waking night staff in the centre. While opportunities to introduce live night staff shifts had been explored, this had not been progressed. Two staff were rostered for overnight shifts and were woken when a young person left their bedroom. Staff accrued significant time off in lieu hours as a result, which continued to place a further strain on the manager's ability to provide cover when these hours were returned to staff members. A local protocol was in place for on-call arrangements at evenings and weekends and this worked well.

Communication systems in the centre required improvement and the new acting centre manager had noted this as a priority. Team meetings were held weekly and formal meetings between the centre manager and the deputy manager, social care leaders and centre managers had been put in place since the last inspection. A review of a sample of meeting records by the inspector demonstrated good practice, but managerial oversight of the completion of required actions following these meetings was not always evident.

There were systems in place to manage risk which were underpinned by Tusla's risk management framework, and there was an improved understanding of risk across the staff team. There was an effective system in place to escalate risk to senior managers where required. Within the context of COVID-19, a contingency plan was in place to ensure the risk of potential interruptions to service delivery could be managed and avoided. Operational risks were set out in the centre's risk register reviewed by the inspector, and risks were found to be appropriately risk assessed and rated.

Risks associated with the young people were recorded on individual risk assessments, but they did not account for, or address the impact of an accumulation of risks on each young person. For example, the mix of young people in the centre and the dynamics

this created, and the impact of inconsistencies in approaches to care taken by the staff team.

As part of inspection activity, a sample of four staff files were reviewed for safe recruitment practices. The inspector found that centrally maintained files were not up-to-date, as they did not hold a copy of one staff member's qualification or a record of vetting undertaken by An Garda Síochána (police checks) for another staff member. This was brought to the attention of the acting centre manager who provided assurances that this would be rectified.

Staff spoke more positively about the support and supervision provided by their line managers since the last inspection. A training needs analysis had been completed recently. The learning and development needs identified included online mandatory training modules, supervision training, trauma and attachment, refresher training on the model of care and the roll out of the new suite of national policies and procedures. Two of these areas were noted as outstanding from a previous training needs analysis. Due to public health guidance, the majority of training opportunities were undertaken as e-learning modules and staff told the inspector that they were progressing through these.

Improvements required in governance and management systems had some impact on the quality of care provided to children in the centre, and these findings are presented in the next section of the report.

Standard 5.1

The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.

Regulation 5: Care practices and operational policies

Managers and staff who spoke with the inspector recognised their responsibilities for the delivery of care in line with relevant legislation, regulations and standards. The recent introduction of a comprehensive suite of up-to-date policies and procedures would enhance organisational capacity once fully implemented in April 2021.

Judgment: Compliant

Standard 5.2

The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

While there was an appropriate governance and management structure in place, a number of managerial systems up to the point of the commencement of the new acting manager continued to require improvement. The lack of a consistent systematic

approach to auditing of practice meant that positive change could not be fully implemented or sustained.

Judgment: Non-Compliant Moderate

Standard 5.3

The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.

While the centre's statement of purpose clearly described the aims, objectives and ethos of the service, the model of care to be provided to the young people had not been fully implemented and staff interventions were described as reactive rather than tailored to meet the needs and risk levels of each individual young person. An accessible format for young people, their families and social workers had not been reviewed to reflect the recent changes to the centre's statement of purpose.

Judgment: Non-Compliant Moderate

Standard 5.4

The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.

Not all systems put in place following the last inspection of the centre, to ensure adequate monitoring and oversight were effectively or fully implemented. The lack of a consistent systematic approach to auditing of practice did not support a culture of continuous improvement.

Judgment: Non-Compliant Moderate

Standard 6.1

The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Regulation 6: Staffing

At the time of inspection, managers were satisfied that they had a sufficient staffing mix and level to meet the needs of the young people. While the current roster was planned and scheduled to have a sufficient number of staff on duty, sick leave had and continued to have a significant impact on staffing levels as well as the lack of available agency staff in the region on occasions.

Judgment: Substantially Compliant

Standard 6.2

The registered provider recruits people with the required competencies to manage and deliver child-centred, safe and effective care and support.

The staff team were well established and had built good working relationships with the young people. Staff were appropriately qualified to provide child-centred, safe and effective care to young people residing in the centre. Discrepancies between the centre records and Tusla's nationally held records were identified in two staff records which were not up-to-date as key information to ensure safe recruitment practices was not evident.

Judgment: Substantially Compliant

Quality and safety

Overall, young people living in this centre had a good quality of life, and they were cared for by an experienced staff team. However, although young people were aware of their rights, opportunities to promote participation, consultation and inclusion of young people were not effective and this needed to improve.

Developing positive attachments and building trusting relationships was central to day-to-day interventions with the young people. The staff team were well established and spoke respectfully of the young people and their families and recognised their rights. The young people who spoke with the inspector were well informed of their rights and while their participation was valued, the level of consultation with young people was low. Staff endeavoured to ascertain young people's views and opinions either collectively or individually through a variety of forums, one of which was the weekly house meeting. The new acting centre manager noted this as a priority during the inspection. He outlined how he had wanted the young people to become more involved in decision-making processes that affected them. The young people were invited to join a staff meeting to progress this but they declined the invitation.

A review of the minutes of house meetings demonstrated that these meetings were either ineffective or not happening at all. Managers and staff who spoke with the inspector, recognised the need to find more effective and alternative ways to ensuring young people's participation and consultation. Staff described a recent initiative, whereby the opinion or view of the young person was recorded in their daily log book. Young people who spoke with the inspector confirmed this and felt their views were given more consideration now.

The young people were provided with good information about daily life in the centre in an accessible format, however, it had not been updated to reflect the revised statement of purpose and function. The young people were also provided with information about

independent advocacy services that could represent their views and act in their best interests. Reference was not made to the National Standards for Children’s Residential Centres 2018 in the information provided to the young people.

The young people who spoke with the inspector understood why they were living in the centre and their respective care plans. They had a good knowledge and understanding of their rights in care. Although the young people had mixed views on the level of care provided to them, their family members and external professionals were satisfied that the staff had built positive and strong relationships with the young people.

Cultural and religious beliefs were respected and valued, and staff spoke about individual examples that the young people had or were exploring. Young people's contact with their family, relatives and friends was generally planned, promoted and facilitated. However, there were occasions where the decreased number of staff on duty impacted on the timeliness of young people attending or being transported to various activities.

Young people were aware of their right to make a complaint and were encouraged and supported to make complaints in relation to aspects of their care. Staff encouraged them to raise issues of concern and to participate and share their views, but more needed to be done to increase levels of participation and consultation with young people overall.

Standard 1.1
Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.
Regulation 10: Religion
Regulation 4: Welfare of child

Good quality, child-centred and safe care provided to the young people was impacted by a number of managerial systems and centre practices that required improvement. These included more effective opportunities to promote participation, consultation and inclusion of young people.

Judgment: Substantially Compliant

Standard 1.4
Each child has access to information, provided in an accessible format that takes account of their communication needs.

The young people were provided with information about the centre in an accessible format, however, it had not been updated to reflect the revised statement of purpose and function in March 2021.

Judgment: Substantially Compliant

Appendix 1 - Full list of standards considered under each dimension

Standard Title	Judgment
Capacity and capability	
<p>Standard 5.1 The registered provider ensures that the residential centre performs its functions as outlined in relevant legislation, regulations, national policies and standards to protect and promote the welfare of each child.</p>	Compliant
<p>Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.</p>	Non-Compliant Moderate
<p>Standard 5.3 The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p>	Non-Compliant Moderate
<p>Standard 5.4 The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.</p>	Non-Compliant Moderate
<p>Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.</p>	Substantially Compliant
<p>Standard 6.2 The registered provider recruits people with the required competencies to manage and deliver child-centred, safe and effective care and support.</p>	Substantially Compliant
Quality and safety	
<p>Standard 1.1 Each child experiences care and support which respects their diversity and protects their rights in line with the United Nations (UN) Convention on the Rights of the Child.</p>	Substantially Compliant
<p>Standard 1.4 Each child has access to information, provided in an accessible format that takes account of their communication needs</p>	Substantially Compliant

Compliance Plan

This Compliance Plan has been completed by the Provider and the Authority has not made any amendments to the returned Compliance Plan.

Compliance Plan ID:	MON-0032059
Provider's response to Inspection Report No:	MON-0032059
Centre Type:	Children's Residential Centre
Tusla Region:	South
Date of inspection:	18 and 19 March 2021
Date of response:	27 th Apr 2021

This document sets out the standards where it has been assessed that the provider is not compliant with the National Standards for Children's Residential Centres 2018.

It outlines which standards the provider must take action on to comply. The provider must consider the overall standard when responding and not just the individual non-compliances as outlined in the report.

The provider is required to set out what action they have taken or intend to take to comply with the standard in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that standard, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Capacity and Capability	
Standard : 5.2	Judgment: Non-Compliant Moderate
<p>Outline how you are going to come into compliance with Standard 5.2: The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.</p> <ul style="list-style-type: none"> • A revised regional Centre Governance document was implemented in February 2021 to improve on governance in the centre. • A revised audit tool was implemented in April 2021 which will run for twelve weeks and which includes an end of cycle review. This process will rotate twice during 2021. • There will be a weekly management meeting held with the Centre and Deputy Manager. • A Social Care Leader meeting will be held on the last Tuesday of every month. • The Service Development meetings will be scheduled every six weeks. • A Service Review by the Regional Manager/Deputy Regional Manager with the team will be held on the 18th May 2021 to finalise a clear plan for the service. The first of a series of meetings chaired by the Regional Manager was held on 27th Apr 2021. 	
Proposed timescale:Q2 2021	Person responsible:Social Care Manager

Standard : 5.3	Judgment: Non-Compliant Moderate
<p>Outline how you are going to come into compliance with Standard 5.3: The residential centre has a publicly available statement of purpose that accurately and clearly describes the services provided.</p> <p>The publicly available statement of purpose and function will be amended to reflect the recent changes and to clearly describe the service provided.</p>	
Proposed timescale:Q2 2021	Person responsible:Social Care Manager

Standard : 5.4	Judgment: Non-Compliant Moderate
<p>Outline how you are going to come into compliance with Standard 5.4: The registered provider ensures that the residential centre strives to continually improve the safety and quality of the care and support provided to achieve better outcomes for children.</p> <p>An annual review process for mainstream centres will be developed by the national management team.</p>	
Proposed timescale: Q4 2021	Person responsible:Regional Manager